

Vets4Vets Weekend Workshops: An Evaluation

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Purpose

The purpose of this study is to evaluate the outcomes of the Vets4Vets weekend workshop designed for veterans of the Afghanistan and Iraqi wars. One purpose of this evaluation is to describe the veterans who attended the workshops. A second purpose is to evaluate what of twelve potential outcomes the veterans perceived as changing as a result of their participation in a Vets4Vets workshop.

Sample

There were 325 OEF/OIF veterans who attended only one of 17 national Vets4Vets workshops between January 2010 and 2011. A small number ($n=14$ or 4%) had attended two or more Vets4Vets workshops in the last year; of those, only the results from the first date they attended a workshop were retained in this study. Most (64%) had not been to a previous Vets4Vets workshop nor attended a local Vets4Vets group (81%).

Two-thirds (67% or $n=216$) of attendees completed both the pretest and posttest, whereas less than a fifth completed only the pretest (17%) or only the posttest survey (15%). Those who completed both tests are the subjects for this study.

Measures

Three of the central outcome measures are very well established measures in the research literature: The General Efficacy Scale, the Social Connectedness Scale, and the SPRINT measure of PTSD. The remaining nine outcome measures were developed by the Vets4Vets staff.

The **General Efficacy Scale (GSE)** is based on Bandura's (1994) social cognition theory and measures an individual's self-assessment of coping with daily hassles and adapting to stress (Schwarzer & Jerusalem, 1995; Schwarzer and Fuchs, 1996). The GSE has ten items such as "I can always manage to solve difficult problems if I try hard enough" and "If I am in trouble, I can usually think of a solution." Each item is assessed by a 4-point scale ranging from 1= "Not at all true" to 4 = "Exactly true." A higher score represents a higher sense of self-efficacy. The GSE

scale is the average of the ten scale items. The GSE reliability was high with Cronbach's alpha being .92 in both the pretest and posttest, which is consistent with the majority of studies reporting Cronbach alphas in the high .80s (Schwarzer & Jerusalem, 2010).

The ***Social Connectedness Scale (SC)*** is based on Kohut's (1984) concept of belongingness or closeness with others in contrast to social isolation or "emotional distance between self and others" (Lee & Robbins, 1995, p. 236). The SC has 8 items such as, "I feel distant from people" and "I don't feel related to most people." Each item is assessed by reverse scoring of a 6-point scale that consequently ranged from 1= Strongly Agree to 6 = Strongly Disagree. A higher score represents higher social connectedness. The SC scale is the average of the 8 items. The SC reliability was high with Cronbach's alpha being .96 in the pretest and .95 in the posttest, which is consistent with the .91 reported in Lee & Robbins (1998).

Post-Traumatic Stress Disorder (PTSD) is assessed by a global screening instrument called *SPRINT* (Davidson & Colket, 1997; Connor & Davidson, 2001). Most attendees used this scale for self assessment in the pretest (n=182) and the posttest (n=185), but there is missing data on this measure because two of the early workshop sites (n=31 attendees) used a different PTSD measure. The current PTSD measure contains 8 items such as, "How much have you been bothered by unwanted memories, nightmares, or reminders of the event." We modified the rating scale from a 5-point to a 4-point scale ranging from 1 = "Not at all" to 4 = "Quite a bit." A higher additive score reports a higher risk of PTSD. The *SPRINT* has been reported as responsive to change over time and with high diagnostic accuracy and internal consistency. In this study, the Cronbach's alpha was .93 for the pretest and .94 for the posttest.

Three constructed scales (Undisclosed Issues, Expression, and Optimism) are based on staff developed items that are measured on a 6-point scale ranging from 1 = "Strongly disagree" to 6 = "Strongly agree." The scale called, ***Undisclosed Issues***, consists of the average of two items: "I admit that I have some issues about my military service that I have to deal with" and "There are some things about my service that I haven't told anybody about yet." The internal consistency was low with Cronbach's alpha of .72 for the pretest and .62 for the posttest.

The scale called, ***Expression***, " consists of the average of three items: "Taking turns telling my story with other Iraq/Afghanistan veterans is a good idea," "Expressing my feelings about my military service is a good idea – even if it means crying or feeling afraid," and "I am getting clearer about those parts of my military service which were bothering me." The internal consistency was moderate with a Cronbach's alpha of .77 for the pretest and .82 for the posttest.

The scale called, **Optimism**, consists of the average of 4 items: “I feel confident that I can manage any PTSD and related symptoms, or any effects of military service,” “I am optimistic about being able to sleep better,” “I can focus on the important things in my life,” and “I have a good sense of my identity as a returning veteran.” The internal consistency was moderate with a Cronbach’s alpha of .82 for the pretest and .84 for the posttest.

Three single items measured different types of **negative thoughts**: one item referenced drinking and recreational drugs as a way to deal with military experiences (“Drinking alcohol and using other recreational drugs can help you deal with your experiences in the military), another item assessed the expected outcome of DUIs as part of the reentry process (“DUI’s and other arrests are to be expected as part of the reentry to civilian life”), and a last item asked about thoughts of self-harm (I worry about having thoughts about doing harm to myself”).

Three single items focused on **positive thoughts**: one about progress on personal goals (“I feel like I am making progress on my own personal goals”), another about purpose (“I am optimistic about going to school, getting a job and having a family”), and the last item about Vets4Vets social involvement (“I want to get more involved with Vets4Vets – it is making a difference”).

Statistical Analysis

SPSS was used to report the frequencies, percentages, means, and other descriptive statistics. The Student’s t-test was used to test for significant differences between pretest and posttest averages.

The qualitative analysis consisted of sorting comments based on their focus, and then selecting representative comments to present.

Results

From a **demographic perspective**, about 70% of the attendees were male and 30% female. The average age was 37.0 (sd=2.0) and the median age was 32.5. About 58% were white, 13% were African Americans, 14% were Hispanic, 3% were Native American, less than 1% was Asian, and about 9% did not define their race or ethnicity. About 40% were married, 31% were separated, widowed or divorced, and 29% were never married or preferred not to answer.

From a perspective of extent of **disability**, most reported having a disability (63%). Veterans with a disability reported an average percent of disability of 61% (s.d. = 28.7) with 25% having between 10 to 30 percent disability, 27% having between 40 to 60 percent disability, 32% having between 70 and 90 percent, and 16% having 100% disability. They described the type of type disability as mental (10%), physical (32%), or both mental and physical (58%). Most (65%) said they had not been screened for Traumatic Brain Injury (TBI).

From the perspective of **outcomes** for the workshop, there were 12 outcome measures for which improvement might be observed after workshop participation.

One expected outcome was a lessening of **PTSD symptoms**. A majority of veterans before (69.9%) and after (59.5%) the workshop assessed themselves as having PTSD symptoms at a moderate or higher level. Although the average remained in the moderate range, there was a significant reduction in the intensity of these symptoms across participants at the posttest -- as indicated in the 10% drop of attendees reporting moderate or higher levels of PTSD. As shown in Table 1 as well, there was a significant statistical difference in the means of the pretest and posttest that reflected the decrease in PTSD symptom intensity.

A second and related outcome expected was a decrease in **Undisclosed Issues** about their military service. This expected change did not occur. There was no significant mean difference in Undisclosed Issues between the pretest ($m = 4.30$, $sd = 1.47$) and the posttest ($m = 4.42$, $sd = 4.42$). About 69% in the pretest and 74% on the pretest agreed that they had Undisclosed Issues.

Three expected outcomes were decreases in three types of **Negative Thoughts**. The results were mixed, as shown in Table 2. There was a significant decrease among veterans who felt that drinking and using recreational drugs help in dealing with their military experiences. While 27% believed that these substances helped at the time of the pretest, only 14% did so at the end of the workshop and posttest. There was also a significant decrease in thoughts about harming oneself. Here the percentage reporting this worry dropped from 23% on the pretest to 18% at the posttest. There was no significant difference observed in regards to the belief that

DUIs and arrests are to be expected during reentry from military life. About 14% of veterans held this belief at both times.

Turning to a perspective of assets and strengths, one central outcome that was expected was that of an increase in **Resilience** as measured on the General Efficacy Scale. As shown in Table 3, there was a statistically significant increase in average resilience as assessed by the veterans themselves. At the start of the workshop, about 13% did not view themselves as resilient but 65% thought they were moderately resilient and 22% thought they were very resilient. At the end of the workshop, only 5% did not see themselves as resilient whereas 68% thought they were moderately resilient and 27% thought they were very resilient.

Another central outcome expected for Vets4Vets was improved **Social Connectedness** as a pathway to social support. Such skills are even necessary to initiate and maintain participation in peer support programs such as Vets4Vets. As shown in Table 4, there was a significant positive change in perceived Social Connectedness from the pretest to the posttest. At the beginning of the workshop, there was an even 50/50 split of veterans who felt socially connected. At the end of the workshop, 58% reported being more socially connected. It is not surprising in this regard that there was also a significant positive change in **Expression** of feelings and the telling of their military story. While 89% of veterans agreed with the importance of expressing feelings at the workshop's start, 96% agreed at the workshop's end.

A related expectation was that a sense of **Optimism** would increase during the workshop experience. As shown in Table 4, there was a statistically significant increase in Optimism scores. About 69% of veterans began the workshop feeling optimistic about such tasks as handling their PTSD symptoms and maintaining their focus on the important things in their life. By workshop's end, 85% of veterans reported feeling optimistic. Veterans also reported statistically significant changes in their **Positive Thoughts** regarding progress towards personal goals in general and about specific life goals such as having a family, going to school or becoming employed.

Lastly, although wanting to become **involved in Vets4Vets** was high at the beginning of the workshop (89%), there was a statistically significant increase by the end of the workshop to 93% of the veterans wanting to become more involved. It is noteworthy that among those who have been to a previous Vets4Vets meeting or workshop in the previous year, the majority (55% stay) in touch with others in Vets4Vets.

In sum, 11 out of the 12 outcome expectations were observed: lessening of PTSD intensity and of 2 of 3 Negative Thoughts, and increasing Resilience, Social Connectedness, Expression of

feelings, Optimism, Progress on Goals, Optimistic about Potential, and further involvement in Vets4Vets.

Qualitative Assessment

Lastly, most participants contributed comments about what they might change in the workshops and what parts of the workshop they found most useful and. Some of these comments are listed below.

What might be changed about the workshops:

- Do something physical.
- Posting a “watch” at the door to “watch-our-backs” so we can focus on the group.
- Wished it could have been longer.
- More administrative organization to brief on the ‘rules of engagement’ and ‘housekeeping.’
- More structure.
- More one-on-one counseling.
- Change the groups at least once to give opportunities to speak with others.
- More information on other areas of being a veteran...employment, finances, education.
- More group time.
- More one-on-one.
- Small focus groups with both men and women mixed together. We served together, therefore we grieve together.
- We were in male dominant environments and interact more comfortably with males than females on some issues.
- See the town we are in.

What participants found most useful about their workshop participation was:

- Being able to talk uninterrupted.
- Listening skills.
- The group talking with a timer.
- Dealing with life/Talking about it.
- Sharing combat journal with group.
- The uninterrupted speaking. It's frightening at first, but the experience is amazing.
- Talking to other vets.
- Crying!
- To be able to express what is inside and not being judged.
- Talking and listening.
- When you can feel free to express yourself freely.
- Sharing stories.
- The Saturday portion with includes topic groups, long listening sessions, and rec time.
- Taking turns; networking with other vets.
- Camaraderie.
- The peer support ... especially the long listening turn.
- Specifically just getting to talk and have someone there to listen.

Discussion

This evaluative study of Vets4Vets workshops is based on the veterans who participated in weekend workshops from January 2010 to January 2011. The majority of these veterans were white, unmarried, with an average disability of 61% that included both mental and physical challenges, and moderate to high level of PTSD.

It is noteworthy that 11 out of the 12 potential outcomes related to workshop participation showed statistically significant positive change. The results of comparing their pretest and posttest self reports indicate that there are multiple positive outcomes of the Vets4Vets 3-day workshop. These outcomes are based on self-reports of the participants. The findings from pretest to posttest are as follows:

- PTSD symptoms decreased
- The belief decreased that alcohol and recreational drugs help in coping
- Thoughts about harming oneself decreased
- Perceived resilience to cope with stressors increased
- Perceived social connectedness to others increased
- Seeing positive benefits of expressing feelings and telling their military story increased
- A sense of optimism increased in regards to handling their PTSD symptoms and maintaining their focus on important things in their life
- Positive thinking increased in terms of assessing their progress towards personal goals

There were no observed differences found regarding the positive disclosure of issues about their military service. Nor was there change in their belief that DUIs and other arrests are part of the military reentry process.

Lastly, even though a large majority of participants wanted to be involved more with Vets4Vets at the beginning of their workshop experience, an even greater majority wished for such involvement at the end of the workshop weekend.

Recommendations

The evaluation provides support for the Vets4Vets peer group approach to improving veterans' well-being through lessening of perceived challenges and through increasing strengths. The perspective adopted by the Vets4Vets program regarding choice of multiple outcomes offers a

more complete picture of veterans challenged by disabilities and PTSD symptoms than does simply a focus on their problems. Their assets include resilience, improving social connectedness, and a sense of optimism. This conceptual perspective should clearly be continued in its trajectory of success and its future evaluation. The evaluation might possibly be expanded with the inclusion of theories of coping about the change process itself.

Future considerations about evaluation might include minor improvement in current measures (e.g., using the full scale for measuring PTSD), and perhaps additional measures might be included in three areas. These areas are: 1) measures to describe program content and structure as well as assess the fidelity of implementation at each workshop – e.g., listening times, amount of counseling time, structure of each day, lecture content, 2) follow-up studies three or six months after workshop participation, and 3) addition of other outcome measures such as posttraumatic growth (Weiss & Berger, 2010), progress towards employment, education, relationship goals, and involvement in all veteran groups. These recommendations might lend themselves to the further diffusion of this program.

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Table 1: Percentage, means and t-test for mean differences for self-assessed **PTSD** before and after the Vets4Vets workshop

<u>PTSD intensity</u>	<u>Pretest</u>	<u>Post-test</u>
Not at all (1.0 to 1.5)	6.6%	8.6%
A little bit (1.51 to 2.50)	23.5	31.9
Moderately (2.51 to 3.50)	37.5	34.7
Quite a bit (3.51 to 4.0)	32.4	24.8
Mean PTSD score	2.95	2.78***

*** $p < .001$

Table 2: Percentage, means and t-test for mean differences for **Negative Thoughts** before and after the Vets4Vets workshop

<u>Negative Thoughts</u>	<u>Percentages</u>		<u>Means</u>	
	<u>Pretest</u>	<u>Post-test</u>	<u>Pretest</u>	<u>Post-test</u>
Drinking & recreational drugs			2.40	1.91***
Agree	27	14		
Disagree	73	86		
DUI's and arrests			1.89	1.84
Agree	13	14		
Disagree	87	86		
Harm to self			2.30	2.10**
Agree	23	18		
Disagree	77	82		

*** $p < .001$

** $p < .01$

Table 3: Percentage, means and t-test for mean differences for perceived **Resilience** before and after the Vets4Vets workshop

<u>Resilience</u>	<u>Pretest</u>	<u>Post-test</u>
Not at all true (1.0 to 1.5)	.9%	0%
Hardly true (1.51 to 2.50)	11.9	5.3
Moderately true (2.51 to 3.50)	65.3	67.9
Exactly true (3.51 to 4.0)	21.6	27.0
Mean Resilience score	3.08	3.24***

*** p < .001

Table 4: Percentage, means and t-test for mean differences for **Social Connectedness, Expression, Optimism, and Positive Thoughts** before and after the Vets4Vets workshop

<u>Negative Thoughts</u>	<u>Percentages</u>		<u>Means</u>	
	<u>Pretest</u>	<u>Post-test</u>	<u>Pretest</u>	<u>Post-test</u>
Social Disconnectedness			3.56	3.96***
Agree	49.8%	42.0%		
Disagree	50.2	58.0		
Expression			4.82	5.30***
Agree	88.8	96.6		
Disagree	11.2	3.4		
Optimism			4.12	4.66***
Agree	68.7	84.9		
Disagree	31.3	15.1		
Progress on goals			4.37	4.71**
Agree	80.2	87.1		
Disagree	19.8	12.9		
Optimistic about potential			4.35	4.79***
Agree	74.6	82.9		
Disagree	25.4	17.1		
Vets4Vets Involvement			5.34	5.64***
Agree	89.2	93.2		
Disagree	11.8	6.8		

